

**TABLE OF CONTENTS**

**DIVISION 46 STATE SUPPLEMENTAL PROGRAM**

	<b>Chapter</b>
General.....	46-100
Aid Recoveries and Special Circumstances.....	46-400

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**TABLE OF CONTENTS****CHAPTER 46-100 STATE SUPPLEMENTARY PAYMENT (SSP) PROGRAM**

	<b>Section</b>
Administration .....	46-105
Eligibility .....	46-110
Benefit Levels .....	46-120
Exceptions to Benefit Levels .....	46-130
Nonmedical Out-of-Home Care (NMOHC) .....	46-140
Recipients in Medi-Cal (Title XIX-Funded) Facilities .....	46-150
Allowance for Restaurant Meals.....	46-160
Interim Assistance Reimbursement .....	46-337

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## **CHAPTER 46-100 STATE SUPPLEMENTARY PAYMENT (SSP) PROGRAM**

### **46-105 ADMINISTRATION 46-105**

- .1 Compliance with all civil rights laws, rules and regulations of Division 21 is required in the administration of these regulations, including compliance by contractors and subcontractors.

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#### **HANDBOOK BEGINS HERE**

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- .2 The State Supplementary Payment (SSP) Program provides money payments to eligible aged, blind, or disabled California residents. SSP is administered by the Social Security Administration (SSA) in conjunction with the federal Supplemental Security Income (SSI) Program. Applications for SSI/SSP are taken at SSA field offices. SSA determines the individual's eligibility and grant amount pursuant to Title XVI of the Social Security Act; Welfare and Institutions Code Sections 12000 - 12205 and 13910 - 13922; and an agreement between the Secretary of Health and Human Services (HHS) and the State Department of Social Services (SDSS). The SSI and SSP grant amounts are delivered in a combined monthly check. Members of eligible couples each receive their own SSI/SSP check. SSI/SSP recipients are Medi-Cal eligible and may qualify for the Special Circumstances Program as specified in Section 46-425, and In-Home Supportive Services (IHSS) Program as specified in MPP Section 30-700. Blind recipients may also qualify for the Food for Guide Dogs Program as specified in Section 46-430.

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#### **HANDBOOK ENDS HERE**

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 11135(b), Government Code; and Title VI of the Civil Rights Act of 1964.

### **46-110 ELIGIBILITY 46-110**

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#### **HANDBOOK BEGINS HERE**

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- .1 Federal regulations governing eligibility for the SSI Program are set forth in the Code of Federal Regulations, Title 20, Part 416 (20 CFR 416). An individual is eligible for SSP if he/she meets the SSI eligibility requirements, with the exception of certain income requirements as specified in Welfare and Institutions Code Section 12152. An individual may also have countable income in excess of the SSI standard and still be eligible for SSP benefits provided that the countable income is less than the appropriate combined SSI/SSP benefit level specified in Section 46-120.

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#### **HANDBOOK ENDS HERE**

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<b>46-110</b>	<b>ELIGIBILITY (Continued)</b>	<b>46-110</b>
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- .2 No period of residency in the state shall be required to gain eligibility.
- .21 For SSP eligibility purposes, an individual shall cease to reside in the state if he/she leaves the state with the present intent to abandon it as his/her home.
- .22 In absence of evidence to the contrary, if an individual is physically absent from the state for more than 90 calendar days, this absence shall be considered as evidence of his/her present intent to abandon this state as his/her home.

NOTE: Authority cited: Section 10553, Welfare and Institutions Code. Reference: Sections 12103, 12150, 12152, 12201, and 12552, Welfare and Institutions Code; 20 CFR 416.200 through .269, and 20 CFR 416.1100 through .1182 Chapter 102, Statutes of 1981; and Sections 1616 and 1616(b), Social Security Act.

<b>46-120</b>	<b>BENEFIT LEVELS</b>	<b>46-120</b>
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- .1 Effective January 1, 1987, SSI/SSP "monthly benefit levels" established in accordance with Welfare and Institutions Code Sections 12200, 12201, 12201.5, 12205, 13911, 13920, 13921, and 13922 are as follows:

<u>.11</u>	<u>ELIGIBLE INDIVIDUAL</u>	<u>BENEFIT LEVEL</u>
	Aged or Disabled	\$ 560.00
	Aged or Disabled without Cooking and Food Storage Facilities ("Restaurant Meals" Category)	\$ 620.00
	Blind	\$ 627.00
	Disabled Minor Under 18 Living with Parent	\$ 444.00
	Resident of "Nonmedical Out-of-Home Care" (NMOHC) Facility (This benefit is made up of the components shown below.)	\$ 632.00
		<u>Minimum</u>
	For Personal and Incidental Needs of the Recipient	\$ 74.00
		<u>Maximum</u>
	Room and Board	\$270.00
	Care and Supervision	+288.00
		\$558.00

<b>46-120</b>	<b>BENEFIT LEVELS (Continued)</b>	<b>46-120</b>
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.12	<u>ELIGIBLE COUPLE</u>	<u>BENEFIT LEVEL</u>
	Both of Whom are Aged or Disabled	\$1039.00
	Both of Whom are Aged or Disabled without Cooking and Food Storage Facilities ("Restaurant Meals" Category)	\$1160.00
	Both of Whom are Blind	\$1221.00
	One of Whom is Blind and the Other is Aged or Disabled	\$1152.00
	Both of Whom are Residents in a "Nonmedical Out-of-Home Care" (NMOHC) Facility (This benefit level is made up of the components shown below.)	\$1264.00
		<u>Minimum</u>
	For Personal and Incidental Needs of the Recipient	\$ 148.00
		<u>Maximum</u>
	Room and Board	\$ 540.00
	Care and Supervision	<u>+576.00</u>
		\$1116.00

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**HANDBOOK BEGINS HERE**

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- .13 State law (Welfare and Institutions Code Section 13921) governs the minimum amount of the NMOHC benefit to be kept by the recipient for personal and incidental (P&I) needs. The minimum P&I amount for 1987 is \$74. If the recipient's P&I needs are provided for, in whole or in part, by the facility under an agreement between the recipient and the facility, the recipient pays the facility the agreed upon portion of the P&I allowance. A facility is expressly prohibited by state law (Welfare and Institutions Code Section 11006.9) from obtaining the recipient's P&I money as an additional cost of care.

An SSI/SSP recipient who has no income beyond his/her SSI/SSP grant has a maximum of \$558 available for the cost of his/her board, care and supervision (that is, the \$632 NMOHC benefit, minus the \$74 P&I minimum to be retained by the recipient equals \$558 available to pay the facility.)

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**HANDBOOK CONTINUES**

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<b>46-120</b>	<b>BENEFIT LEVELS (Continued)</b>	<b>46-120</b>
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**HANDBOOK CONTINUES**

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A recipient who does have income beyond his/her SSI/SSP grant may have up to an additional \$20 available for his/her cost of care. This is because, under federal rules, the first \$20 of a recipient's income is not counted. Neither federal nor state law restrict the recipient in how this additional income is spent. Therefore, the recipient may be required by the facility to pay this additional amount for the cost of basic services. As a result the maximum that such a recipient may be charged for basic services is \$578.

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NOTE: Authority cited: Section 10553, Welfare and Institutions Code. Reference: Sections 11006.9, 12200, 12201, 12201.5, 13911, and 13920 through 13922, Welfare and Institutions Code.

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<b>46-130</b>	<b>EXCEPTIONS TO BENEFIT LEVELS</b>	<b>46-130</b>
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**HANDBOOK BEGINS HERE**

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- .1 A recipient's benefit level is reduced by the amount of any countable income he or she has.
- .2 When a recipient resides in the home of another and receives both room and board in-kind from the householder, the SSI/SSP benefit level will be reduced by one-third of the applicable SSI payment standard. This reduction does not apply when a recipient or applicant is a child residing in the home of his/her parent(s).
- .3 An SSI/SSP recipient who received benefits for December 1973, under the former state aid programs of Old Age Security (OAS), Aid to the Blind (AB), or Aid to the Totally Disabled (ATD), will receive "mandatory state supplementation" (MSS) if he/she was converted to SSI/SSP in January 1974, and if the MSS payment is greater than the SSP amount the recipient would otherwise be eligible for under state and federal law. This MSS payment will, when added to his/her SSI payment (if any) and net countable income as determined under December 1973, regulations, equal the total of the recipient's cash grant and net countable income for December 1973.

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**HANDBOOK ENDS HERE**

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<b>46-140</b>	<b>NONMEDICAL OUT-OF-HOME CARE (NMOHC)</b>	<b>46-140</b>
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.1 "Nonmedical out-of-home care" (NMOHC) shall mean a protective living arrangement outside the SSI/SSP recipient's own home where, as a minimum, he/she receives board, room, and personal nonmedical care and supervision related to his/her individual needs.

.11 NMOHC shall be provided only in:

- (a) a licensed foster care, community care, or residential care facility; or
- (b) a nonlicensed private residence of a recipient's relative or legal guardian/conservator, where the need for and the appropriateness of the care has been certified by the county welfare department. A "relative" shall mean a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first-cousin, or any such person denoted by the prefix "grand" or "great" (Exceptions to this rule are included in Section 46-140.13);
- (c) in a "certified family home" as identified in the Health and Safety Code Section 1506(d).

.12 Recipients' eligibility for the NMOHC payment rate shall apply in the following situations:

.121 Children (under age 18)

- (a) Blind children residing in a state licensed NMOHC facility;
- (b) Blind children residing in the home of a relative who is not his/her parent or legal guardian/conservator;
- (c) Disabled children residing in a state licensed NMOHC facility;
- (d) Disabled children residing in the home of a legal guardian/conservator who is not his/her relative;
- (e) Disabled children residing in the home of a relative who is not his/her parent;
- (f) Blind or disabled children in a "certified family home".

<b>46-140</b>	<b>NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued)</b>	<b>46-140</b>
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.122 Adults (age 18 and over)

- (a) Aged, blind, or disabled individuals or couples residing in a state licensed NMOHC facility;
- (b) Aged, blind, or disabled individuals or couples residing in the home of a relative or legal guardian/conservator.

.13 Eligibility for the NMOHC payment rate shall not apply in the following situations:

- (a) Disabled children under 18 and living with his/her parent;
- (b) Individuals living in his/her own home;
- (c) Individuals living with a spouse who is not receiving SSI/SSP, regardless of where they live;
- (d) Blind children (under 18, or 18 to 21 and attending school or training full-time) living in the home of his/her parent or guardian.

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.2 With regard to a licensed facility or "certified family home" which provides NMOHC, "care and supervision" is defined in the California Administrative Code, Title 22, Section 80001 as follows:

"Care and supervision" means any one or more of the following activities provided by a person or facility to meet the needs of the clients:

- (a) Assistance in dressing, grooming, bathing, and other personal hygiene;
- (b) Assistance with taking medication, as specified in Section 80075;
- (c) Central storing and/or distribution of medications, as specified in Section 80075;
- (d) Arrangement of and assistance with medical and dental care. This may include transportation;

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**HANDBOOK CONTINUES**

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<b>46-140</b>	<b>NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued)</b>	<b>46-140</b>
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**HANDBOOK CONTINUES**

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- (e) Maintenance of house rules for the protection of clients;
- (f) Supervision of client schedules and activities;
- (g) Maintenance and/or supervision of client cash resources;
- (h) Monitoring food intake or special diets;
- (i) Providing basic services as defined in Section 80001(a)(8)."

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**HANDBOOK ENDS HERE**

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- .3 With regard to a nonlicensed private residence in which NMOHC is being provided, "care and supervision" shall be as set forth in California Administrative Code, Title 22, Section 80001, with the exception of Subsections (e), (g) and (i).
- .4 Authorization of Nonmedical Out-of-Home Care in Licensed Facility (Except Foster Family Home)

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**HANDBOOK BEGINS HERE**

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- .41 The SSA field office handling the applicant's case will authorize the NMOHC benefit upon verification that the individual resides in a licensed facility. Each local SSA field office will receive from SDSS a monthly microfiche listing of licensed NMOHC facilities for counties in their service area. (Exceptions: some foster family homes which have been licensed by the county will not appear on this listing. See Handbook Section 46-140.5 for procedure regarding foster family homes.)

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- .42 The effective date of NMOHC eligibility for an individual who is residing in a licensed NMOHC facility at the time he or she initially establishes or re-establishes eligibility for SSI/SSP shall be whichever of the following dates is later:
  - (a) The date of the SSI/SSP application, or
  - (b) The date all SSI/SSP eligibility requirements are met.

<b>46-140</b>	<b>NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued)</b>	<b>46-140</b>
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- .43 The effective date of NMOHC eligibility for an individual who is already receiving SSI/SSP and who subsequently enters a licensed NMOHC facility shall be the first of the month during any part of which the recipient resides in the licensed facility.
- .44 An SSI/SSP recipient who resides in a licensed facility that undergoes a change of ownership shall continue to receive the NMOHC benefit level during the facility's "pending" license status provided the facility continues to meet all licensing standards and remains at the same location. An SSI/SSP recipient who becomes a resident of such a facility during the period the license is pending shall receive the "independent living" benefit level until a permanent license is issued. When the permanent license is issued, the recipient shall receive the NMOHC benefit level retroactively to the date of entry into the facility.

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- .5 Certification of Nonmedical Out-of-Home Care in a Foster Family Home or certified family home.
- .51 The SSA field office handling the applicant's case will authorize the NMOHC benefit upon verification that the individual resides in a foster family home or a certified family home. SSA will either obtain the verification from the monthly microfiche listing of licensed NMOHC facilities, or from SDSS Community Care Licensing Division, or will send a request for certification to the CWD on the prescribed certification form.
- .52 The county is not required to certify that the child placed in a certified family home or foster family home needs NMOHC. By definition (California Administrative Code, Title 22, Sections 87001, 89185, and 89188) such homes provide twenty-four (24) hour nonmedical care and supervision of foster children.

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**HANDBOOK ENDS HERE**

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- .53 Upon request by SSA, the county shall verify the child's placement in the certified family home or foster family home on the prescribed certification form.
- .54 The county shall complete and return the certification form within thirteen (13) working days. This turnaround time begins the day the county receives the certification form and ends the day the county forwards the completed form to the local SSA field office. The county shall maintain controls to meet this time frame.
- .55 The effective date of NMOHC eligibility for a child residing in a certified family home or foster family home at the time he or she initially establishes or re-establishes eligibility for SSI/SSP shall be whichever of the following dates is later:

<b>46-140</b>	<b>NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued)</b>	<b>46-140</b>
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- (a) the date of the SSI/SSP application, or
  - (b) the date all SSI/SSP eligibility requirements are met.
- .56 The effective date of NMOHC eligibility for a child who is already receiving SSI/SSP and who subsequently enters a certified family home or foster family home shall be the first of the month during any part of which the recipient resides in the home.

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- .6 Certification of Nonmedical Out-of-Home Care in the Home of a Relative or Legal Guardian/Conservator
- .61 The SSA field office handling the applicant's case will authorize the NMOHC benefit upon receipt of the CWD's certification that the individual needs NMOHC and is receiving it in the home of a relative or legal guardian/conservator. The SSA field office will send a request for certification of NMOHC to the CWD on the prescribed certification form.

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**HANDBOOK ENDS HERE**

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- .62 The county shall certify that the recipient needs NMOHC in order to remain in a noninstitutional setting, and shall certify that the appropriate care is being provided in that living arrangement. When the county learns that a Department of Developmental Services (DDS) Regional Center is providing services to the applicant or recipient, the county may contact the Regional Center worker and base the certification on the worker's knowledge of the case.
- .63 The county shall complete the certification form within thirteen (13) working days. This turnaround time begins the day the county receives the certification form and ends the day the county forwards the completed form to the local SSA field office. The county shall maintain controls to meet this time frame.
- .64 The effective date of NMOHC eligibility for an individual who is receiving such care in the home of a relative or legal guardian/conservator at the time he or she initially establishes or re-establishes eligibility for SSI/SSP shall be whichever of the following dates is later:
- (a) the date of the SSI/SSP application, or
  - (b) the date all SSI/SSP eligibility requirements are met.

46-140	NONMEDICAL OUT-OF-HOME CARE (NMOHC) (Continued)	46-140
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- .65 The effective date of NMOHC eligibility for an individual who is already receiving SSI/SSP and who subsequently begins receiving NMOHC in the home of a relative or legal guardian/conservator shall be the first of the month in which the county is asked to certify the NMOHC living arrangement. Exception: If the county has material evidence that the individual needed and was receiving care in the living arrangement continuously from an earlier date, NMOHC eligibility may extend back to the month in which the care began or three (3) months from the month the county is asked to certify the NMOHC living arrangement, whichever is later.

The county shall attempt to obtain material evidence of the date on which the care began. If the county cannot obtain sufficient material evidence, the county shall have the recipient indicate the onset date of the care and sign the "Client Statement for Retroactive Certifications" on the reverse side of the prescribed certification form. The county shall then enter the effective date in the appropriate space on the front of the prescribed form.

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**HANDBOOK BEGINS HERE**

- .651 Examples: A recipient moves from his own home on September 23 to his aunt's home because he needs care and supervision. He notifies SSA of the change in living arrangement on September 25. On September 26 SSA asks the county to certify that the recipient needs and is receiving care and supervision in the aunt's home. The county certifies NMOHC on October 3 and so notifies SSA. The recipient's NMOHC payment is made retroactive to September 1.

A recipient moves into his brother's house on May 5 in order to receive care and supervision. He does not report this move to SSA until September 13. On September 14 SSA asks the county to certify that the recipient needs and is receiving care and supervision in his brother's home. The recipient provides the county with material evidence that he has been receiving care and supervision there since May 5. The county certifies NMOHC eligibility back to June 1.

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NOTE: Authority cited: Sections 10553, 10554, 11000, and 13911, Welfare and Institutions Code. Reference: Sections 1500 through 1502, and 1505, Health and Safety Code; Sections 10553, 10554, 11000, 12004, 12200(g), 12201.5, 12202, 13900 through 13902, 13910, 13911, Welfare and Institutions Code; Major v. McMahon Judgment; Sections 80001 and 89188, Cal. Code of Reg., Title 22; Section 1611(c), Social Security Act, Title XVI, and 20 CFR 416.501, .708, and .714.

<b>46-150</b>	<b>RECIPIENTS IN MEDI-CAL (TITLE XIX-FUNDED) FACILITIES</b>	<b>46-150</b>
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The SSI/SSP benefit for a recipient living in a medical facility and receiving more than 50 percent of the cost his/her care from Medi-Cal is \$35 a month. This amount is to cover the personal and incidental needs of the recipient, and includes a \$25 SSI payment and a \$10 SSP payment.

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<b>46-160</b>	<b>ALLOWANCE FOR RESTAURANT MEALS</b>	<b>46-160</b>
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- (a) An aged or disabled recipient or couple, both of whom are aged or disabled, whose living arrangement prevents the preparation of meals are entitled to an allowance for restaurant meals, in addition to any other payments for which they are eligible.
- (1) The following restaurant meals allowances, established in accordance with Welfare and Institutions Code Sections 12200, 12201, and 12205 apply effective January 1, 1987:

Allowance for  
an Individual

\$60.00 per month

Allowance for  
a Couple

\$121.00 per month

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**HANDBOOK ENDS HERE**

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- (b) "Living arrangements" shall include the recipient's immediate living quarters as well as other areas in the building in which the recipient's living quarters are located or areas adjacent to these living quarters to which the recipient has access for use of the cooking and food storage facilities.
- (c) Cooking and food storage facilities shall be considered accessible if the recipient or someone preparing meals on behalf of the recipient is allowed to use facilities within the living arrangement, whether owned by the recipient or by another, to prepare any of the recipient's meals. Cooking and food storage facilities shall not be required to be part of the immediate living quarters in order to be considered accessible.

<b>46-160</b>	<b>ALLOWANCE FOR RESTAURANT MEALS (Continued)</b>	<b>46-160</b>
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**HANDBOOK BEGINS HERE**

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- (d) There is another program under which an aged or disabled recipient may qualify for a comparable meals allowance even when the living arrangement does not prevent home meal preparation, if the recipient's disabilities prevent home meal preparation. Application for benefits based on a need due to disability rather than lack of meal preparation facilities should be made to the CWD under the In-Home Supportive Services (IHSS) Program.

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- (e) No recipient shall receive SSP and IHSS meals allowance benefits at the same time.

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- (f) Recipients who wish to apply for the Restaurant Meals Allowance shall file their application at the local SSA field office.
- (g) Eligibility for, and payment of the Restaurant Meals Allowance to SSI/SSP recipients is administered by the Social Security Administration according to criteria established by SDSS as stated in these regulations.

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- (h) Eligibility Requirements

An aged or disabled recipient of SSI/SSP or a recipient couple, both of whom are aged or disabled, shall qualify for the Restaurant Meals Allowance by meeting the following requirements:

- (1) Meals and adequate cooking and food storage facilities are not provided as part of the living arrangement. This requirement is not met when:
- (A) The recipient's immediate living quarters have adequate cooking and food storage facilities in which the recipient or another person who undertakes the responsibility of preparing meals on behalf of the recipient can prepare meals for the recipient on a daily basis.
  - (B) The recipient has access to adequate cooking and food storage facilities as part of his/her arrangement (but which are outside of his/her immediate living quarters) for the purpose of preparing any of his/her meals or having them prepared on his/her behalf on a daily basis. The recipient has access to adequate cooking and food storage facilities as part of his/her living arrangement when:



<b>46-160</b>	<b>ALLOWANCE FOR RESTAURANT MEALS (Continued)</b>	<b>46-160</b>
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1. The recipient lives in a boarding house with a communal kitchen with adequate cooking and food storage facilities to which he/she has access for preparation for his/her meals.
  2. The recipient lives with friends or relatives in private living quarters in the same house or in separate living quarters as "over the garage" or in similar situations and has access to the cooking and food storage facilities in the main residence for preparation of any of his/her meals.
- (C) The recipient lives in a room and board living arrangement in which the recipient contracts with the facility to have meals prepared and provided as part of the room and board living arrangement.

This regulation is intended to encompass conventional room and board situations in which the recipient purchases his/her meals through the facility on a periodic basis (generally monthly), or on a per meal basis. This regulation would apply whether or not the agreement between the recipient and the facility is separate from the agreement for rental or private living quarters. The regulation is also applicable where the facility contracts with a food preparation service which is separate from the facility to provide the meals.

- (2) Cooking and/or food storage facilities are inadequate for the preparation of the recipient's meals in the living arrangement. For purposes of determining whether cooking and food storage facilities are adequate, the following items are to be considered to be basic requirements:

(A) Adequate Food Storage Facilities

An icebox or refrigerator to which the recipient has access. Capacity of the refrigerator or icebox is not a factor of consideration. An ice chest is not considered adequate storage.

(B) Adequate Cooking Facilities

1. A stove without a working oven but which has at least two working burners, or
2. A hot place with at least two burners with separate temperature controls, or two one-burner hot plates with temperature controls, or

**46-160 ALLOWANCE FOR RESTAURANT MEALS (Continued)****46-160**

3. A stove with a working oven or a functioning micro-wave oven in combination with at least one working burner on a stove or a one-burner hot plate with a temperature control. Hot plates without temperature controls which are used for warming food are not considered adequate cooking facilities.

- (3) Eligibility for the Restaurant Meals Allowance exists even if meals which are not prepared as part of a recipient's living arrangement are brought into the recipient's living arrangement (i.e., "Meals on Wheels" Program) or are able to be obtained at a discount.

- (i) Minimum Period of Eligibility

Recipients who must purchase restaurant meals because of the lack, loss or nonfunctioning of their cooking or food storage facilities shall qualify for the Restaurant Meals Allowance if the temporary condition is expected to last one full calendar month or more. The applicant shall report to SSA immediately when he/she knows the condition will cease to exist.

- (j) Determination of Eligibility

The recipient's statement of fact on the application form shall be acceptable proof of eligibility unless the facts as presented are incomplete, unclear, inconsistent or in conflict with other evidence. If the facts so presented are incomplete, unclear, inconsistent, or in conflict with other evidence, SSA will so indicate in the comments section on the final decision on the eligibility of the recipient. In such cases, SSA will not process payment for the Restaurant Meals Allowance before receiving a decision from the state.

- (k) Beginning Date of Allowance

The beginning date of the Restaurant Meals Allowance shall be the first of the month in which the recipient files an application for this allowance with SSA provided that the recipient is or expects to be without cooking and/or food storage facilities for a calendar month.

- (l) Redetermination of Eligibility

The recipient's statement of fact on the application form shall be completed at the time of redetermination of eligibility for SSI/SSP or when a living arrangement change is reported, whichever is earlier.

The recipient has a continuing responsibility to report changes in circumstances which would make him/her ineligible for the Restaurant Meals Allowance.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, 12100(d), 12200(e), 12201, and 12303.7, Welfare and Institutions Code; 20 CFR 416.310, .501, and .2015; Committee of the Rights of the Disabled v. Swoap, 48 CA 3d 505; and Section 1611(c), Social Security Act, Title XVI.

<b>46-337</b>	<b>INTERIM ASSISTANCE REIMBURSEMENT</b>	<b>46-337</b>
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.1 General Statement

Public Law 93-368 provides for reimbursement to the state (or a political subdivision thereof) for interim assistance payments made to SSI/SSP applicants whose applications are subsequently approved for SSI/SSP benefits. Individual authorizations must be signed by the applicants or their representatives and forwarded either manually or electronically to SSA. Reimbursement will be effected by means of an agreement between the Department of Health and Human Services and the State of California Department of Social Services and sub-agreements between SDSS and participating agencies.

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.2 Definitions

For the purposes of these regulations

- .21 Agreement means the contract between DHHS and the State Department of Social Services which outlines the terms under which reimbursement may be made.
- .22 Applicant means an individual or the representative of such individual who has applied for SSI/SSP benefits and who cannot meet his/her basic needs in the period between the application and receipt of his/her benefits upon determination of eligibility.
- .23 Individual Authorization is the form which authorizes payment of an individual's initial SSI/SSP check to the county or state participating agency which has paid interim assistance. The form must be signed by the applicant or his/her designated representative.
- .24 Interim Assistance means any assistance from state or county funds furnished to meet basic needs during the period for which such individual was eligible for SSI/SSP benefits, beginning with the month of application and ending with the receipt of the initial payment.
- .25 Initial Payment means the amount of SSI/SSP benefits, including retroactive amounts, determined to be payable to an individual at the time such an individual is first determined to be eligible, but does not include any advance emergency payment or payment based upon presumptive disability or presumptive blindness made by SSA.

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**HANDBOOK BEGINS HERE**

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- .3 Responsibility of State Department of Social Services (SDSS)
- .31 Conduct all negotiations with DHHS.
- .32 Prepare and enter into a contract with state agencies and County Boards of Supervisors which elect to implement the Interim Assistance Program.
- .33 Take appropriate administrative actions to ensure that participating state and county agencies carry out the provisions in the contracts.

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.4 Responsibilities of Participating Agencies

Participation in the program to receive reimbursement for interim assistance shall be the option of the agency. All agencies which elect to participate shall:

- .41 Implement the interim assistance program in compliance with the terms of the contract with SDSS.
- .42 Draft and implement procedures for carrying out the provisions of these regulations. In no event are procedures to be implemented prior to signing of the contract between SDSS and the state agency or the county board of supervisors.
- .43 Obtain individual authorizations as described in Section 46-337.23 from applicants for SSI/SSP to whom interim assistance is paid from participating agency funds. Agencies which use the manual IAR process shall forward the authorization to the local SSA office which accepts or accepted the applicant's SSI/SSP application. Agencies which use the automated IAR process shall notify SSA pursuant to the approved contract between the agency and SDSS. An individual authorization remains in effect until SSA has made a final determination on an individual case. If an application for SSI/SSP benefits is denied, the denial is the final determination unless he/she files a timely appeal with SSA. If this is done a new authorization is not needed. If the applicant files a new application rather than an appeal, a new authorization is required if the agency is to be reimbursed for interim assistance monies advanced.

<b>46-337</b>	<b>INTERIM ASSISTANCE REIMBURSEMENT</b>	<b>46-337</b>
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(Continued)

- .44 Upon receipt of an initial SSI/SSP payment, deduct the amount of interim assistance and send the remainder to the recipient or his/her representative payee as expeditiously as possible but in any event no later than ten (10) working days from receipt of the initial payment by the participating agency.

Example: If the initial payment is received on Wednesday, October 14, the tenth day would be Tuesday, October 27.

Under current SSA policy, initial SSI/SSP entitlements which exceed \$9,999.99 will be issued in multiple checks. SSA considers the sum of these multiple payments as the actual initial payment.

In such cases, monies from the subsequent SSI/SSP checks received by the participating agency may be withheld if the county participating agency was unable to recover all interim assistance amounts, to which it is entitled, from the first initial payment. Participating agencies shall process such multiple payments in the same manner as they would initial SSI/SSP entitlements that SSA disburses in one check.

- .441 If, by the tenth working day from the day of receipt of an initial payment the participating agency has failed to forward the remittance (if any) to the recipient or his/her representative payee, the participating agency which received the initial payment shall send to the recipient the full amount of the initial payment. When the participating agency has forwarded the remittance within the 10-day requirement, occurrences such as mail delays or discovery of remittance calculation errors shall not constitute the basis for the recipient's entitlement to the full amount of the initial payment.

If, in each of three consecutive months, an agency fails in more than five percent (5%) of its interim assistance cases to comply with the ten-day processing requirement of Section 46-337.44, such failure shall cause the cancellation of the IAR agreement between the SDSS and the participating agency.

- .442 A notice of action (form SSP-17) shall be sent to the recipient or his/her representative payee showing the amount received by the participating agency, the amount deducted as reimbursement for interim assistance and the amount being sent to the recipient or his/her representative payee, if any. The notice of action shall also include the right of the recipient to request a state hearing.

<b>46-337</b>	<b>INTERIM ASSISTANCE REIMBURSEMENT (Continued)</b>	<b>46-337</b>
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- .443 When an individual dies after completing an individual authorization form but before receiving the explanation and remittance referred to above, the agency shall within prescribed time limit, provide such explanation and pay the balance due the recipient to the local SSA field office rather than to the recipient or anyone else on his behalf. Such payment shall be sent by registered mail and a return receipt requested.
- .444 If, after offsetting the interim assistance paid to the individual, the agency is unable to locate the individual and deliver the remaining SSI/SSP grant within 60 days, the agency shall forward the remainder to SSA for disbursements.
- .45 Maintain adequate records of all transactions relating to interim assistance made and the apportionment of the individual's initial payment.
- .46 Report to SDSS each month, the total amount of interim assistance paid, and the processing time for forwarding the remittance to the recipients. The report shall be made on the form prescribed by SDSS.

Interim Assistance Reimbursement (IAR) reports are to be received in Sacramento on or before the 8th working day of the month following the report month. One copy shall be sent to:

State Department of Social Services  
Statistical Services Branch  
744 "P" Street, MS 19-81  
Sacramento, CA 95814

When all data is not available, a report shall be transmitted by the due date containing all information that is available at that time. An explanation should be attached for any delay indicating when the Department will receive the completed report. The missing data shall be transmitted as soon as it is available.

In addition to reporting to the state, each participating agency shall account for all interim assistance initial payment dispositions on an individual case basis by way of federal form SSA-8125 (Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report) which is to be received with the individual initial payment. The disposition of the initial payment check received is to be reported via the federal form SSA-8125 within thirty (30) working days from the date of receipt of the check or the SSA-8125, whichever is later, by the agency. The completed SSA-8125 is to be sent to the attention of:

Social Security Administration  
Assistance Programs Section  
IAR Coordinator  
100 Van Ness Avenue, 26th Floor  
San Francisco, CA 94102

<b>46-337</b>	<b>INTERIM ASSISTANCE REIMBURSEMENT (Continued)</b>	<b>46-337</b>
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- .47 Referrals may be made by the SSA field office to the participating agency, or from the participating agency to the SSA District Office.

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- .48 Failure to follow the provisions of Sections 46-337.41 through .46 shall cause the cancellation of the IAR agreement between the SDSS and the participating agency.

.5 Eligibility Requirements for Reimbursement

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**HANDBOOK BEGINS HERE**

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- .51 Reimbursement will be made only for state and county funds paid to applicants. Interim Assistance does not include assistance payments financed wholly or partly with federal funds.
- .52 The period for which reimbursement will be made extends from the first of the month in which the SSI/SSP application is made if the applicant was eligible in that month, through and including the month when SSI/SSP payments begin, providing an individual authorization was signed before the initial payment was issued.

If the agency has already prepared, and cannot stop delivery of the next assistance payment when it receives the initial payment from SSA, the amount of the next payment is also reimbursable interim assistance.

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**HANDBOOK ENDS HERE**

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- .53 Monies paid from state or county funds will not be reimbursed if:

- .531 The applicant is determined to be ineligible for SSI/SSP benefits by SSA.
- .532 The authorization was received by the SSA office after eligibility has been approved and action taken by SSA to issue the initial payment to the applicant.

.6 State Hearing

State hearings requested by the recipient shall follow the procedures as set forth in Division 22 of the Manual of Policies and Procedures.

46-337	INTERIM ASSISTANCE REIMBURSEMENT (Continued)	46-337
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- .61 State hearings shall be conducted by SDSS only when the issue is (a) the apportionment of the initial payment received by the state or county or (b) that the participating agency has failed to comply with the requirements of Section 46-337.44. An appeal based on the amount of initial payment shall be directed to SSA.
- .7 Confidentiality
  - .71 Procedures for maintaining confidentiality of interim assistance payments shall comply with the regulations of the participating agencies.
  - .72 All information concerning SSI/SSP applicants'/recipients/ identity and the amount of grant shall be confidential.
    - .721 Confidentiality shall be maintained unless the written consent of the applicant/recipient has been obtained, except
    - .722 The information may be shared with government agencies concerned with the administration of the Title XVI program when it is necessary for such administration.
- .8 No administrative costs incurred by the county in implementing this program will be reimbursed by the state or the federal government.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 1631(g) of Title XVI of the Social Security Act, and 20 CFR 416.1901 et seq.